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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000189 (1)

1. Corporation Name

SARDINIA EXPORT, INC.



Principal Place of Business

407 LINCOLN ROAD, SUITE 9-L
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD, SUITE 9-L
MIAMI BEACH FL 33139-3016

3. Date Incorporated or Qualified
01/14/1993

3a. Date of Last Report
04/30/1996

4. FEI Number
13-3327081

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 940 LINCOLN ROAD

Suite, Apt. #, etc.

22 * 314

City & State

23 MIAMI BEACH, FL

Zip

24 33139

Country

25 FLORIDA

2a. Mailing Address

26 940 LINCOLN ROAD

Suite, Apt. #, etc.

27 * 314

City & State

28 MIAMI BEACH, FL

Zip

29 33139

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

BENNETT, JOSH N ESQ.
SCHANTZ, SCHATZMAN & AARONSON, P.A.
200 SOUTH BISCAYNE BLVD, SUITE 3650
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVS ☐ DELETE

NAME LASIO, GIANCARLO

STREET ADDRESS C/O 407 LINCOLN ROAD, SUITE 9-L 940 LINCOLN ROAD

CITY-ST-ZIP MIAMI BEACH FL 33139 SUITE 314

TITLE CTO ☐ DELETE

NAME LASIO, GIANCARLO 940 LINCOLN ROAD

STREET ADDRESS C/O 407 LINCOLN ROAD, SUITE 9-L SUITE 314

CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)